

## TOWN OF EAST LONGMEADOW HEALTH DEPARTMENT 60 CENTER SQUARE EAST LONGMEADOW, MA 01028 FARMERS MARKET PERMIT **APPLICATION**

Season Dates:	:					Fee \$75.00 per mark	et
		 			-		

<b>Applicant Information:</b>	ening date				
Establishment Name					
Establishment Address					
Mailing Address (if different)					
Applicant Name & Title					
Applicant Phone Number	E-Mail				
24 Hour Emergency Number					
Establishment Owned by:  Association Corporation Individual Partnership Other	If corporation or partnership, give name, title, and home address of officers or partners:  Name:Title:  Address:				
Food Production Information: (person of	lirectly responsible for daily operations)				
Name & Title					
Address					
Phone	Email				
Name of Event					
Address of Event					
Person Responsible @ time of event	Phone				
Water Source: if applicable DEP Water Supply #	Sewage Disposal:				

Required C	Certifications (co	opies must be at	tached)				
Certified Foo	od Manager						
Employee Co	ertified in Allerge	n Awareness					
Date/Length	of Permit	Start Date / Tim	e	End Date	End Date / Time		
Location		Permanent Struct	ure	Mobile St	Mobile Structure		
Foods to be so	old or served:						
How will you	keep hot foods ho	t?					
How will you	keep cold foods co	old?					
Permits held	by other towns? In	nclude copies (Cater	ring, wholesale, com	missary, residentia	l, FSE, mobile, etc)		
_	ations: check a	<i>ll that apply</i> pre-packaged non-I	PHF's	D	EFINITIONS:		
		pre-packaged PHF'	PI	<b>IF</b> = Potentially Hazardous Food			
□ Cust	omer self-service	of PHF's and non l		me/temperature controls required)			
_	aration of only no	N	DITE - Non Detentially				
	's cooked to order			<b>Non-PHF</b> = Non-Potentially Hazardous Food (no time/temperature			
_		for hot and cold hol	CO	ntrols required); and,			
		•	prepared by custome		-		
		d produced for reta		RTE – Ready to Eat Foods that need			
	il sale of out-of-da	ate 1000 nighly susceptible p		further processing (i.e.: sandwiches ads, muffins)			
		equires a HACCP 1	-	Su	adds, marrins)		
	um packaging/co	•	* ]	* If temperature controls are			
	rs raw or underco	pr	quired, please note, in space ovided above, how you will keep t foods hot and cold foods cold.				
Applicant Sig	gnature						
Social Securi	ity or Federal ID N	Number:					
**INCO	MPLETE APPLI	CATIONS WILL	BE RETURNED	AND PERMIT V	VILL NOT BE APPROVED**		
Board of Hea	alth use:						
Date Receive		Received By:		Approved:	Permit No.:		
Date Receive		Received by.		Tipprovou.	Tomme 140		